

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/138,817	08/21/98	395	2787	003057.2-003D

APPLICANT: FAAN-HOAN LIU, SANTA CRUZ, CA; JORGE GUSTAVSON, SANTA CRUZ, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

DmB

continuation of 08/484,949 now U.S. Pat. 5,802,398 which is a Div. of U.S. Pat. 5,446,877 which is a Cont. of 08/105,478 Abnd. which is a cont. of 07/612,540 Abnd.

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

DmB none

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

DmB none

FOREIGN FILING LICENSE GRANTED 09/11/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged <u>DmB</u> Examiner's Initials _____					

ADDRESS: ~~BLAKELY~~ SOKOLOFF TAYLOR & ZAFMAN  
12400 WILSHIRE BLVD  
7TH FLOOR  
LOS ANGELES CA 90025

TITLE: ~~TAPE BACKUP SYSTEM~~ Method and Apparatus for Allowing Communication Between a host Computer and at least two storage Devices over a Single Interface

FILING FEE RECEIVED

\$790

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
NO. \_\_\_\_\_ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other

Printed 08/02/2001

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/138,817	08/21/1998	710	2182	003057.P003D

## APPLICANT

FAAN-HOAN LIU, SANTA CRUZ, CALIFORNIA; JORGE GUSTAVSON, SANTA CRUZ, CALIFORNIA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 09/11/1998

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDE CLAIMS
Verified and acknowledged	Examiner's Name Initials	CA	17	1	1

## ADDRESS

BLAKELY SOKOLOFF TAYLOR & ZAFMAN  
12400 WILSHIRE BLVD  
7TH FLOOR  
LOS ANGELES , CA 90025

## TITLE

METHOD AND APPARATUS FOR ALLOWING COMMUNICATION BETWEEN A HOST COMPUTE  
R AND AT LEAST TWO STORAGE DEVICES OVER A SINGLE INTERFACE

<p>FILING FEE RECEIVED</p> <p>\$\$\$790</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:</p>	<p><input checked="" type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____</p>
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